

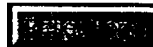
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
FORM-GB
2009 JUN 17 AM 11:00

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Public Defense - Military Division

Name of Department or Office
7105 NW 70th Ave
Johnston, Iowa 50131

Mailing Address
515-252-4222
City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Duane G Jamison

Name
7105 NW 70th Ave, Bldg B-61
Johnston, Ia 50131

Mailing Address (if different from above)
Duane.Jamison@iowa.gov
City, State, Zip (if different from above)
515-252-4222

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Joyce & Jack Petersen

Name

166 Washington Ave Oxford Junction IA

Mailing Address
City, State, Zip Code **52323**

Area Code & Telephone Number

Email Address (optional)

June 1, 2009 \$ **50.00**

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

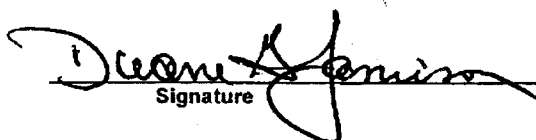
Cash gift for the support of the Iowa National Guard Family Assistance Program

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Duane G. Jamison affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


Signature

6-10-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Johnston, Iowa 50131

Mailing Address
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City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Duane G Jamison

Name
7105 NW 70th Ave, Bldg B-61

Johnston, Ia 50131

Mailing Address (if different from above)

City, State, Zip (if different from above)

Duane.Jamison@iowa.gov

515-252-4222

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Timothy & Suzanne Orr

Name

8498 NW Beaver Dr Johnston, IA 50131

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

June 1, 2009

\$ 25.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Cash gift for the support of the Iowa National Guard Family Assistance Program

Criteria to use this form:

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Statement of Affirmation:

I, Duane G. Jamison, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Duane G. Jamison
Signature

6-10-09
Date